#### OFFICE OF THE SECRETARY OF STATE

BEV CLARNO SECRETARY OF STATE

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DEPUTY SECRETARY OF STATE



# ARCHIVES DIVISION STEPHANIE CLARK INTERIM DIRECTOR

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# TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 22-2019

CHAPTER 410 OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

**FILED** 

06/21/2019 12:24 PM ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

FILING CAPTION: Updated Behavioral Rehabilitation Services (Brs) Rate Table Incorporated By Reference

EFFECTIVE DATE: 07/01/2019 THROUGH 12/27/2019

AGENCY APPROVED DATE: 06/21/2019

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### NEED FOR THE RULE(S):

The Authority needs to update the BRS rate table that is incorporated by reference. The date that the table is valid will be updated to July 1, 2019. The rule will be effective July 1, 2019.

## JUSTIFICATION OF TEMPORARY FILING:

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and Behavioral Rehabilitation Services (BRS) providers. These rules need to be adopted promptly so that the Authority may raise the rates of the BRS providers in compliance with the 2019-2021 OHA budget expected to be passed by the Legislature and effective July 1, 2019. This will help to ensure access to needed BRS services for vulnerable youth.

#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

AMEND: 410-170-0110

RULE TITLE: Billing and Payment for Services and Placement-Related Activities

RULE SUMMARY: The Authority needs to amend the date of the rate table referenced in 410-170-0110 as the rates have changed.

#### **RULE TEXT:**

- (1) The BRS contractor is compensated for a billable care day (service and placement-related activities rates) on a feefor-service basis, except as otherwise provided for in these rules. The Authority does not make payments for any calendar day that does not meet the definition of a billable care day under this rule.
- (2) Billable care day rates are provided in the "BRS Rates Table," dated July 1, 2019, which is adopted as Exhibit 1 and incorporated by reference into this rule. The BRS Rates Table is available at
- http://www.oregon.gov/oha/HSD/OHP/Pages/Policy-BRS.aspx. A printed copy may be obtained from the agency.
- (3) Billable Care Day:
- (a) For purposes of computing a billable care day, the BRS client must be in the direct care of the BRS provider at 11:59

p.m. of that day or be on an authorized home or transitional visit in accordance with section (4) of this rule;

- (b) A billable care day does not include any day where the BRS client is on runaway status, in detention, an inpatient in a hospital, or has not yet entered or is discharged from the BRS contractor's or BRS provider's program.
- (4) Home and Transitional Visits:
- (a) The BRS contractor shall include only a maximum of eight calendar days of a combination of home and transitional visits in a month, as billable care days;
- (b) In order to qualify as an authorized home or transitional visit day, the BRS contractor must:
- (A) Ensure that the home or transitional visit is tied to the BRS client's service plan;
- (B) Work with the BRS client and the BRS client's family or aftercare resource on goals for the home or transitional visit and receive regular reports from the family or aftercare resource on the BRS client's progress while on the visit;
- (C) Have staff available to answer calls from the BRS client and BRS client's family or aftercare resource and to provide services to the BRS client during the time planned for the home or transitional visit if the need arises;
- (D) Document communications with the BRS client's family or aftercare resource; and
- (E) Document the BRS client's progress on goals set for the home or transitional visits.
- (5) Invoice form:
- (a) The BRS contractor shall submit a monthly billing form to the agency in a format acceptable to the agency on or after the first day of the month following the month in which it provided services and placement-related activities to the BRS client. The billing form must specify the number of billable care days provided to each BRS client in that month;
- (b) The BRS contractor shall provide upon request, in a format that meets the agency's approval, written documentation of each BRS client's location for each day claimed as a billable care day;
- (c) The BRS contractor shall submit only claims for billable care days consistent with the agency's prior authorization.
- (6) Payment for a Billable Care Day:
- (a) The agency shall pay the service and placement related activities rates to the BRS contractor for each billable care day in accordance with the BRS Rates Table described in section (2) of this rule;
- (b) Notwithstanding section (6)(a) of this rule, the Authority shall pay only the service rate for each billable care day to a public child-caring agency who by rule or contract provides the local match share for Medicaid claims under OAR 410-120-0035 and 42 CFR 433 Subpart B. The Authority may not pay the placement related activities rate for each billable care day to these types of public child-caring agencies;
- (c) To the extent the payment for services is funded by Medicaid and CHIP funds:
- (A) The BRS contractor and the BRS provider are subject to Medicaid billing and payment requirements in these rules and the Authority's general rules (OAR 410-120-0000 to 410-120-1980);
- (B) Payment using Medicaid and CHIP funds may be made only to the originating BRS provider and not to the aftercare resource.
- (7) Third Party Resources:
- (a) The Authority's BRS contractors must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280;
- (b) The Department's and OYA's BRS contractors are not required to review or pursue third party resources. The Department and OYA must make reasonable efforts to obtain payment first from other resources consistent with OAR 410-120-1280 for Medicaid-eligible BRS clients.
- (8) Public child-caring agencies who are responsible by rule or contract for the local match share portion of eligible Medicaid claims must comply with OAR 410-120-0035 and 42 CFR 433 Subpart B.
- (9) In cases where the BRS contractor is not also the BRS provider, the BRS contractor is responsible for compensating the BRS provider for billable care days pursuant to the agency-approved subcontract between the BRS contractor and the BRS provider.
- (10) The Authority may not be financially responsible for the payment of any claim that the Centers for Medicare and Medicaid Services (CMS) disallows under the Medicaid or CHIP program. If the Authority previously paid the agency or BRS contractor for any claim that CMS disallows, the payment shall be recouped pursuant to OAR 410-120-1397. The

Authority shall recoup or recover any other overpayments as described in OAR 410-120-1397 and 943-120-0350 and 943-120-0360.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

# **BRS Rate Table**

BRS Type of Care	Placement Model	Service Rate per Billable Care Day	Placement Related Activities Rate per Billable Care Day	Total Daily Rate per Billable Care Day	Absent Day Rate
Shelter; Community Step-Down; and	Residential Care Model	\$136.62	\$61.03	\$197.65	\$98.83
Independent Living Program	Proctor Care Model	\$136.62	\$61.03	\$197.65	\$98.83
Proctor Care; Assessment and Evaluation Proctor	Proctor Care Model	\$130.36	\$68.34	\$198.70	\$99.35
<b>Proctor Enhanced Services</b>	Proctor Care Model	\$143.39	\$69.64	\$213.03	\$106.52
Enhanced Structure Independent Living Program	Residential Care Model	\$165.76	\$70.89	\$236.65	\$118.33
Basic Residential; Rehabilitation Services; and Assessment and Evaluation Residential	Residential Care Model	\$166.43	\$71.10	\$237.53	\$118.77
Intensive Rehabilitation Services; Intensive Residential; and Short- Term Stabilization Program	Residential Care Model	\$199.67	\$71.15	\$270.82	\$135.41
Intensive Behavioral Support	Residential Care Model	\$288.21	\$96.76	\$384.97	\$192.49